



# Motor Vehicle Commission

STATE OF NEW JERSEY  
Business License Services  
PO Box 168  
609-777-1683

Enclosed is a application and supplemental forms necessary to apply for a Motor Vehicle Driving School License. In order to qualify for licensure, it is necessary that the below listed items are submitted.

## CHECKLIST FOR ITEMS FOR A INITIAL DRIVING SCHOOL

1. Initial Application for a Driving School
2. List of Driving Instructors                      Signature Record
3. A qualified supervising instructor means a drivers' school instructor who: **a:** is currently licensed and has been licensed by the commission for at least two years prior to submission of the initial or renewal application, **b:** has successfully provided a minimum of **500** hours of behind-the-wheel instruction. and **c:** has successfully completed a three credit New Jersey driver education college course offered by a college or university licensed by the New Jersey Commission of Higher Education. The applicant shall furnish, together with the application, satisfactory evidence that the applicant or an employee is a qualified supervising instructor
4. Sample of Contract                      Service Record
5. A statement of whether classroom instruction is offered
6. Yellow Page Advertisement (Phone Directory)                      Advertisements
7. Copy of Money Receipts                      Hours of Operation List
8. Proof of Worker's Compensation coverage for all employees
9. Zoning Ordinance (Form enclosed)                      List of Fees
10. Insurance certificate for Vehicles (Original)
11. Copy of Corporate Papers (If incorporated)
12. Surety Bond (\$10,000) (Form Enclosed)
13. Child Support Certification form must be completed by all Officers, Partners or Owners. (Form enclosed)
14. Fingerprint Scanning (Form Enclosed)
15. Check (    ) \$250.00 School License (    ) \$75.00 Initial Instructor  
(    ) \$ 5.00 Authorized Agent (    ) \$ 3.00 Instructor Transfer
16. Copy of Federal Tax Identification number.



# Motor Vehicle Commission

Trenton, New Jersey

STATE OF NEW JERSEY  
DRIVING SCHOOL SECTION

P.O. BOX 168  
609-777-1683

## MUNICIPAL APPROVAL

NAME OF SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, COUNTY AND ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

I, \_\_\_\_\_ Clerk of the Municipality of

\_\_\_\_\_, County of \_\_\_\_\_

of the State of New Jersey hereby certifies that:

\_\_\_\_\_  
NAME OF SCHOOL

has met all State and local zoning ordinances, building codes, fire codes, health codes and any other applicable ordinances and codes to operate a Driving School at the above address.

Municipal Seal

\_\_\_\_\_  
Signature of Municipal or Zoning Clerk

\_\_\_\_\_  
Date

**BUSINESS LICENSE SERVICES**  
**SUPPLEMENTARY APPLICATION**

BUSINESS NAME				BUSINESS PHONE #			
1. FULL NAME INCLUDING MIDDLE NAME AND SUFFIX, IF ANY							
2. STREET ADDRESS				CITY		STATE	
3. HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS?						HOME PHONE #	
4. LIST THE CITIES, STATES OR FOREIGN COUNTRIES WHERE YOU LIVED BEFORE AND HOW LONG YOU WERE IN EACH STATE OR COUNTRY.							
5. DATE OF BIRTH (MO. DAY, YEAR)				6. PLACE OF BIRTH: (CITY, STATE OR FOREIGN COUNTRY)			
7. SEX		8. HEIGHT			9. WEIGHT		10. COLOR OF EYES
11. SOCIAL SECURITY NUMBER			12. DRIVER LICENSE NUMBER (STATE)				
13. HAVE YOU, IN THIS OR ANY OTHER STATE OR COUNTRY EVER BEEN ARRESTED, CHARGED OR CONVICTED OF A CRIME, DISORDERLY PERSONS OFFENSE, VIOLATION OF CONSUMER PROTECTION LAWS OR REGULATIONS?    YES    NO  IF YES, ATTACH EXPLANATION DESCRIBING NATURE OF OFFENSE, DATE, CITY AND STATE WHERE OFFENSE OCCURRED, IDENTIFY COURT OR ADMINISTRATIVE TRIBUNAL BEFORE THE CASE WAS TRIED, DATE AND SENTENCE.							
14. I CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHMENTS, IF ANY, IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.  SIGNATURE: _____ DATE _____							
1. FULL NAME INCLUDING MIDDLE NAME AND SUFFIX. IF ANY							
2. STREET ADDRESS				CITY		STATE	
3. HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS?						HOME PHONE #	
4. LIST THE CITIES, STATES OR FOREIGN COUNTRIES WHERE YOU LIVED BEFORE AND HOW LONG YOU WERE IN EACH STATE OR COUNTRY.							
5. DATE OF BIRTH (MO. DAY, YEAR)				6. PLACE OF BIRTH: (CITY, STATE OR FOREIGN COUNTRY)			
7. SEX		8. HEIGHT			9. WEIGHT		10. COLOR OF EYES
11. SOCIAL SECURITY NUMBER			12. DRIVER LICENSE NUMBER (STATE)				
13. HAVE YOU, IN THIS OR ANY OTHER STATE OR COUNTRY EVER BEEN ARRESTED, CHARGED OR CONVICTED OF A CRIME, DISORDERLY PERSONS OFFENSE, VIOLATION OF CONSUMER PROTECTION LAWS OR REGULATIONS?    YES    NO  IF YES, ATTACH EXPLANATION DESCRIBING NATURE OF OFFENSE, DATE, CITY AND STATE WHERE OFFENSE OCCURRED, IDENTIFY COURT OR ADMINISTRATIVE TRIBUNAL BEFORE THE CASE WAS TRIED, DATE AND SENTENCE.							
14. I CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHMENTS, IF ANY, IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.  SIGNATURE: _____ DATE _____							

**INITIAL APPLICATION FOR DRIVING SCHOOL LICENSE**

Issued \_\_\_\_\_

Expires \_\_\_\_\_

License No. \_\_\_\_\_

1. Name of School \_\_\_\_\_

Business Location \_\_\_\_\_ City \_\_\_\_\_

BRANCH OFFICES (if any) \_\_\_\_\_ Phone No. \_\_\_\_\_

2. Check one:

☐ Corporation ☐ Partnership ☐ Proprietor

The undersigned hereby applies for a Driving School License. For that purpose submits the following certified Statement and answer to the questions contained in this application.

3. Has the individual, partner, if partnership; or any officer, if corporation; ever,

a. been convicted for a violation of the "Driving School Law?"

Yes No

b. been refused or denied an Instructor's License?

Yes No

c. had an instructor or school license revoked?

Yes No

d. been arrested for, charged with, indicted for or convicted of any of the offenses enumerated in 13:23-2.12?

Yes No

If yes, give details:

4. Give the names and resident address of Proprietor, Partners, or Corporate Officers.

Name	Address	City
------	---------	------

Name	Address	City
------	---------	------

Name	Address	City
------	---------	------

Name	Address	City
------	---------	------



I, the undersigned, hereby certify that I am \_\_\_\_\_  
(Proprietor, Partner or Officer)  
of the above school and that the information contained in this application is true to the best of my knowledge or belief.

SIGNATURE OF APPLICANT \_\_\_\_\_  
(Proprietor, Partner or Officer)

(TO BE EXECUTED IF APPLICANT IS CORPORATION)

I, the undersigned, hereby certify that I am the Secretary of the above named corporation and that I have witnessed the signature of \_\_\_\_\_  
\_\_\_\_\_ who is \_\_\_\_\_  
President—Vice President  
of said corporation.

\_\_\_\_\_  
Signature of Secretary

(If partnership, all partners must sign and swear to this application)

I, the undersigned, hereby certify that I am a partner of the above school and that the information contained in this application is true to the best of my knowledge or belief.

SIGNATURE OF APPLICANT \_\_\_\_\_  
Partner

I, the undersigned, hereby certify that I am a partner of the above school and that the information contained in this application is true to the best of my knowledge or belief.

SIGNATURE OF APPLICANT \_\_\_\_\_  
Partner

Mail this application and the items listed on the reverse side of this page to:

**New Jersey Motor Vehicle Commission  
Business License Services  
P.O. Box 168  
Trenton, New Jersey 08666-0168**



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STATE OF NEW JERSEY  
Motor Vehicle Commission  
Business License Services

**CHILD SUPPORT CERTIFICATION FORM**

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Business Name

---

Applicant's Name (Print)

---

Date of Birth

---

Social Security Number

Under the provisions of N.J.S.A. 2A:17-56.7 et seq. the response to the below listed questions are required. Mis-statement will be just cause to take administrative action including, but not limited to, denial of licensure, immediate revocation or suspension of the license.

1. Do you have a child support obligation? ☐ Yes ☐ No
2. If yes, do the arrearage amounts equal or exceed the amount of child support payable for six months? ☐ Yes ☐ No
3. Are you subject to a child-support warrant? ☐ Yes ☐ No

I certify that the foregoing responses made by me are true and I am aware that the making of false statement may subject me to contempt of court.

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Signature

---

Date



# Motor Vehicle Commission

Trenton, New Jersey

STATE OF NEW JERSEY  
BUSINESS LICENSE SERVICE BUREAU

## TO ALL DRIVING SCHOOL OWNERS

The New Jersey Motor Vehicle Commission has now established a live fingerprint scan process to streamline criminal background checks required as a condition of licensure.

As part of the Business License application process, it is required that all applicants, authorized agents or driving school instructors, proprietors, partners and corporate officers, schedule an appointment with the States private fingerprint scan vendor **SAGEM MORPHO, INC.**

All you need do is call this toll free number **1-877-503-5981 (English or Spanish Operators)** or **TTY-1-800-673-0353 (HEARING IMPAIRED Modem Required)** to arrange an appointment to be scanned at an established site. **When scheduling your appointment, you will be asked to provide certain personal information including your driver's license and social security number.** Please make sure you have this information available when scheduling your appointment. In addition, you will be asked to provide the following Motor Vehicle Commission identification numbers:

<b>ORIGINATING AGENCY REFERRAL NUMBER (ORI)</b>	<b>NJ920530Z</b>
<b>AGENCY CASE NUMBER</b>	<b>(Your Driver License Number)</b>
<b>CATEGORY</b>	<b>MVK</b>
<b>DOCUMENT TYPE</b>	<b>RB 1</b>
<b>STATUTE</b>	<b>39:12-2 and 3    COMMERCIAL DRIVING SCHOOL LICENSE</b>

Please complete the applicant information form contained on the back of this letter. Though certain information is already filled in, you will need to supply certain personal information in blocks 1 through 18 as well as your driver's license number in block 22 which will be used as your agency case number. Please have this form filled in and present it when you appear for your appointment along with the proper photo identification as noted on the back of this letter.

After supplying this information you will be scheduled for an appointment at one of the electronic scan sites. You will be required to pay a one-time fee in the amount of **\$78.00** incorporating all required background checks. Payment must be made at the time of scheduling your appointment. **AT THE TIME OF SCANNING YOU WILL RECEIVE A RECEIPT FROM THE STATE'S VENDOR. PLEASE SUBMIT THIS RECEIPT OR A COPY THEREOF AS PART OF YOUR BUSINESS LICENSE APPLICATION PACKAGE.**

If you have any questions concerning this procedure, please contact the following area:

**NEW JERSEY MOTOR VEHICLE COMMISSION  
BUSINESS LICENSE SERVICE BUREAU  
DRIVING SCHOOL LICENSING SECTION  
609-777-1683**

PLEASE BRING THIS LETTER AND PHOTO IDENTIFICATION WITH YOU WHEN YOU APPEAR TO BE FINGERPRINTED

**Applicant Information – READ THIS FORM CAREFULLY AND FOLLOW ALL INSTRUCTIONS TO COMPLETE THE FINGERPRINT PROCESS. YOU MUST PRESENT THIS FORM TO BE FINGERPRINTED. NO EXCEPTIONS ALLOWED. VARIATIONS OF THIS FORM WILL NOT BE ACCEPTED. UPON COMPLETION OF THE FINGERPRINTING PROCESS, A PCN NUMBER WILL BE RECORDED IN THE DESIGNATED BOX AND THIS FORM WILL SERVE AS CONFIRMATION OF FINGERPRINTING. VALID PHOTO IDENTIFICATION MUST BE PRESENTED AT THE TIME OF FINGERPRINTING AND MUST HAVE A VALID EXPIRATION DATE. EXPIRED NEW JERSEY PHOTO DRIVER LICENSE WILL BE ACCEPTED IN COMBINATION WITH CURRENT NON-PHOTO LICENSE. NO OTHER EXPIRED IDENTIFICATION WILL BE ACCEPTED. SEE BOX 26 FOR ID REQUIREMENTS.**

For applicants who must pay their own fingerprinting fees, payment will be required at the time of scheduling for certified check credit card and money order payments. Your account will be charged at the time you schedule. A fee of \$14 is charged to cover the cost of a scheduled appointment for applicants who do not cancel by noon on the business day prior to your scheduled appointment (Saturday noon for Monday appointments). The \$14 fee also applies to applicants who are turned away from the printing sites due to their inability to present proper ID as defined below (26), or who fail to present Universal Fingerprint Form NJAPSI V 1.7 provided to you by your agency and required for printing (this form). State and Federal search fees will be refunded. State agencies are notified of no shows.

Appointment scheduling is available via the web at [www.bioapplicant.com/nj](http://www.bioapplicant.com/nj) 24 hours per day, 7 days per week. For applicants who do not have web access, appointments are available through the toll free call center at (877) 503-5981 on a first call, first served basis Monday through Friday, 8:00 AM to 5:00 AM and Saturday 8:00 AM to 12 noon. Hearing impaired scheduling is available at (800) 673-0353. English and Spanish operators are available through the Call Center.

Payment by money order at the site will be accepted for applicants scheduling via the call center only. Money order payment must be indicated at the time of scheduling. No other form of payment will be accepted at the fingerprinting site.

Your applicant ID number, date, time of appointment and payment confirmation will be confirmed by the call center. You must record this information in the appropriate blocks to the right while speaking with the operator. Your PCN number will be recorded when your fingerprinting has been completed. Retain this form as proof of fingerprinting. No receipts will be provided after the date of printing.

Date/Time of Appointment	Applicant Id Number
PNC	Payment Confirmation

(1) First Name		(2) Middle Initial		(3) Last Name	
(4) Daytime Telephone Number		(5) Social Security Number		(6) Date of Birth	(7) Height
					(8) Weight
(9) Maiden Name (if married female)			(10) Place of Birth (State for US Citizens - Country for all others)		(11) Country of Citizenship
(12) Home Address					
Address		City		State	Zip
(13) Gender (select one) Male    Female    Both		(14) Hair Color (indicate most predominant color, one only)		(15) Eye Color	(16) Race (select one) A Asian/Pacific Islander (Includes Asian Indian) B Black I American Indian/Alaska Native W White (Includes Hispanic/Spanish origin) U Unknown
(17) Occupation			(18) Employer Name and Address		
NOTE: Items 19-25 to be completed by employer or agency.					
(19) Statute Number			(20) Reason for Fingerprinting		
(21) Originating Agency Number (ORI#)			(22) Contributor's Case Number (Agency Unique Identifier) DL#		
(23) Category			(24) Document Type		
(26) ACCEPTABLE ID: ID MUST BE ISSUED BY FEDERAL, STATE, COUNTY OR MUNICIPAL ENTITY FOR IDENTIFICATION PURPOSES AND MUST INCLUDE PHOTO, NAME, ADDRESS (HOME/EMPLOYER) AND DATE OF BIRTH. EXAMPLES OF ACCEPTABLE IDENTIFICATION INCLUDE 1) PHOTO DRIVER'S LICENSE OR PHOTO ID ISSUED BY ANY STATE DMV OR NJMVC, 2) PASSPORT OR IMMIGRATION ID 3) FEDERAL, STATE, COUNTY OR MUNICIPAL EMPLOYMENT ID.			(25) Payment Information  <div> <div> <div>Visa</div> <div>Master Card</div> <div>Money Order</div> <div>Certified Check</div> </div> <div>78.00</div> </div>		



STATE OF NEW JERSEY  
Motor Vehicle Commission

SURETY BOND OF DRIVING SCHOOL

Bond No. \_\_\_\_\_

Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS:

That we, \_\_\_\_\_  
(Business Name)

as Principal, and \_\_\_\_\_, a Surety Company qualified and  
duly licensed to do business in the State of New Jersey, as Surety, are held and firmly bound unto the **PEOPLE  
OF THE STATE OF NEW JERSEY**, in the penal sum of **TEN THOUSAND AND NO/100DOLLARS**  
(\$10,000.00), lawful money of the United States of America, for the payment of which, well and truly made, the  
undersigned Principal and Surety bind themselves, their respective heirs, administrators, successors, and  
assigns, jointly and severally, firmly by these presents.

The **CONDITION** of the foregoing obligation is such, that whereas Principal has made, or is about to  
make, application to the State of New Jersey for a **DRIVING SCHOOL LICENSE**.

**NOW THEREFORE**, if the Principal in its business of operating a Driving School shall not practice any  
fraud and shall not make any fraudulent representations which cause monetary loss to a person taking  
instruction from the school, then this obligation will be null and void, otherwise to remain in full force and effect.

This bond shall be effective on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, and  
shall run concurrently with the period of the license granted to the Principal, and shall remain in the full force  
and effect for any renewals thereof, provided, however, that the penalty of said bond shall not be cumulative  
from year to year, and the total liability of Surety herein shall not exceed the sum of \$10,000.00, regardless of  
the number of license periods for which said bond is in force.

It shall be the responsibility of the surety to notify the New Jersey Motor Vehicle Commission  
immediately upon the payment of any funds which decrease the liability of the surety under this bond, and  
immediately upon acquiring knowledge of a final judgement for which the surety is liable under the bond.

This bond may be canceled by the Surety upon the Surety serving written notice upon the Motor

Vehicle Commission of its desire to cancel, and the cancellation date shall be thirty (30) days from the date said notice of cancellation is received.

IN WITNESS WHEREOF the said Principal and Surety have hereunto signed these presents  
this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

CORPORATE SEAL

\_\_\_\_\_  
Principal (Licensee)

\_\_\_\_\_  
Signature & Title (Licensee)

Sworn to and subscribed before  
Me this \_\_\_\_\_ day of  
\_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
Surety (Firm's Name)

\_\_\_\_\_  
Signature  
Notary Public of New Jersey

\_\_\_\_\_  
Address of Surety

\_\_\_\_\_  
County

\_\_\_\_\_  
Attorney-in-Fact for Surety



# New Jersey Motor Vehicle Commission

Office of Regulatory Affairs  
Business License Services  
P.O. Box 168  
Trenton, New Jersey 08666-0168

## BUSINESS HOURS

Name of Business \_\_\_\_\_ License No. \_\_\_\_\_

Address \_\_\_\_\_

### Days Open for Business

### Business Hours

Monday	From	To
Tuesday	From	To
Wednesday	From	To
Thursday	From	To
Friday	From	To
Saturday	From	To

Signature of Proprietor, partner or officer \_\_\_\_\_

Date \_\_\_\_\_

**LIST OF DRIVING INSTRUCTORS**\_\_\_\_\_  
EXPIRATION\_\_\_\_\_  
NAME OF SCHOOL AND NUMBER\_\_\_\_\_  
DATE

The owner is to enter below a list of all instructors. This includes school owners, partners and employees intending to act in the capacity of instructors, full or part time.

Instructor's Signature

Instructor's Number

\_\_\_\_\_  
Supervising Instructor's Name

Initial or renewal applications must be prepared by each instructor and submitted with this form. No person may give instruction without securing and having in their possession a valid driver license.

This form must be submitted to NJMVC, Business License Services, P.O. Box 168, Trenton, New Jersey 08666-0168 at the time of applying for an additional instructor license.

Should an instructor leave the employ of the above school, the owner shall notify the Chief Administrator of Motor Vehicle Commission immediately, in writing.



**SIGNATURE RECORD**\_\_\_\_\_  
EXPIRATION

NOTE: The following are the only person authorized and empowered to sign service agreements for the school.

\_\_\_\_\_  
EFFECTIVE DATE

The undersigned owner of the named Driving School hereby authorizes the person(s) whose signatures appear below to execute and sign service agreements in the owner's behalf.

Signature

Print Name

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name of Driving School \_\_\_\_\_ School No. \_\_\_\_\_

Owner's Signature \_\_\_\_\_

Signature of record must be filed for all persons authorized to sign service agreements. If you authorize any other person to sign service agreements, or if you revoke the authority of any person to sign such service agreements, you shall notify this Commission immediately.

Please send any revisions to the NJMVC, Business License Services, Driving School Section, P.O. Box 168, Trenton, New Jersey 08666-0168

This form may be duplicated



# **Motor Vehicle Commission**

Trenton, New Jersey

STATE OF NEW JERSEY  
DRIVING SCHOOL SECTION

P.O. BOX 168  
609-777-1683

## **INFORMATION**

### **TO ALL DRIVING SCHOOLS:**

All advertisements intended for yellow pages of the telephone directory must be submitted to the New Jersey Motor Vehicle Commission for approval.

Any unapproved insertions in the yellow pages will be cause for administrative action against your Driving School license privilege.

Instructors are not signing their licenses, whereby, making them invalid. Therefore, please advise your personnel to do so.

The Driver Testing Centers are being advised **NOT** to accept the unsigned instructor license.

If an instructor loses his/her instructor's license, a temporary license may be obtained at the Driver Testing Center in Eatontown, Rahway, Wayne and Trenton.

The instructor is required to have proper identification and after verification by the Driver Testing Center (DTC) with the Driving School Unit (609)777-1683 in Trenton, a one thirty (30) day temporary will be issued. It is the responsibility of the instructor to send the application for duplicate license and the required fee to the Trenton office for issuance of the permanent duplicate license within the thirty (30) day period.

ON MARCH 21, 2001, AN ADVISORY WAS DIRECTED TO YOU CONCERNING THE DISCONTINUANCE OF ISSUING A TEMPORARY DRIVER SCHOOL INSTRUCTOR LICENSE.

IN ORDER TO NOT CAUSE ANY FURTHER DELAY IN THE PROCESS EFFECTIVE APRIL 30, 2001, THE COMPLETED INITIAL INSTRUCTOR PACKAGE WILL BE SUBMITTED TO THE BUSINESS LICENSE SERVICES UNIT, P.O. BOX 168, TRENTON, NEW JERSEY 08666 PRIOR TO THE APPLICANT SUBMITTING TO THE WRITTEN AND ROAD EXAMINATION.

DRIVING SCHOOL SECTION  
BUSINESS LICENSE SERVICES



## ***Motor Vehicle Commission***

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STATE OF NEW JERSEY  
Business License Services  
609-777-1683

To Driving School Owner

On March 21, 2001, an advisory was directed to you concerning the discontinuance of issuing a temporary driver school instructor.

In order to not cause any further delay in the process, effective April 30, 2001, the completed initial instructor package will be submitted to the Business License Services Unit, PO Box 168, Trenton, New Jersey, 08666 prior to the applicant submitting to the written and road examination.

By receiving the documentation earlier, the required process can be initiated prior to the test results being submitted by the Driver Testing Centers.

We are making every effort to improve our services.

Sincerely,

Driving School Licensing  
Business License Services



## DRIVING SCHOOL

STATE OF NEW JERSEY

**SUBJECT:** Approved behind-the-wheel course for Driving Schools Special learner permits.

It is mandatory that the following listed instructions be included in all courses given by a commercial driver school to students utilizing a special learner's permit. The course must be a minimum of six hours actual behind-the-wheel instruction.

Starting:

Adjusting of seat, mirrors  
Seat belts  
Check parking brake  
Gear shift in proper position  
Ignition switch on  
Starting of engine

Signaling:

Check traffic  
Putting vehicle in motion

Stopping:

Checking traffic  
Signaling  
Proper position  
Stopping vehicle smoothly and safely  
Gear shift in proper position  
Setting parking brake  
Shutting engine off

Steering:

Proper hand positions on wheel  
Proper grip on wheel  
Center of lane  
Aim high in steering

Turning:

Signaling  
Vehicle Position  
Right turns  
Left turns  
Right turn on red

Backing:

Checking traffic  
Hand position  
Straight line  
Speed control

Highway Driving:

Lane Positioning  
Signaling  
Changing lanes  
Speed control  
Merging

Intersections:

Signaling  
Lane positioning  
Right of way  
Passing

Three Point Turn:

Signaling  
Vehicle positioning  
Checking of traffic  
Turning

Parking:

Signaling  
Checking of traffic  
Vehicle positioning  
Hand position  
Turning of wheel  
Speed control  
Proper gear position  
Set brakes  
Ignition off  
Remove Key



## ***Motor Vehicle Commission***

STATE OF NEW JERSEY  
Business License Services  
609-777-1683

TO: ALL DRIVING SCHOOLS

All applicants who wish to obtain an initial Driving School Instructor's license may do so on a walk in basis between the hours of 8:00 am and 11:00 am at the following Driver Testing Centers.

EATONTOWN

TRENTON

RAHWAY

WAYNE

1. All items listed on the attached checklist must be mailed to Business License Services Driving School Section POB 168 Trenton, New Jersey 08666 prior to the applicant(s) appearing for the tests.
2. Written and vision test will be administered when applicant appears at the Driver Testing Center.
3. Scheduling of the road test will be made by the Driver Testing Center after the vision and written testing phase has been successfully completed. The road test may be scheduled the same day if time and staffing allows. If the road test schedule is full, the test will be scheduled on the next available day.
4. The permanent license will not be issued until we receive the results of the instructor test and fingerprint check.

BUSINESS LICENSE SERVICES  
DRIVING SCHOOL SECTION

**DRIVING SCHOOL - INTIAL INSTRUCTORS LICENSE APPLICATION****FEE: \$75.00**

D.L.Check \_\_\_\_\_

Instructor License  
Number \_\_\_\_\_

Expires \_\_\_\_\_

To be submitted to Motor Vehicle Services for the purpose of securing approval to engage in motor vehicle driving instructions by an owner, officer or employee (full or part-time) in connection with a driving school license pursuant to the provisions of 39:12 R.S.

**ALL APPLICANTS ARE REQUIRED TO PASS A KNOWLEDGE TEST, VISION TEST, DRIVING INSTRUCTION TEST AND JUDGMENT OF DRIVING ABILITY TEST GIVEN BY MOTOR VEHICLE SERVICES, AND ARE REQUIRED TO SUBMIT TO FINGERPRINTING.**

The Instructor applicant will complete both sides of this application.

Date \_\_\_\_\_

Print Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Resident Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)**PERSONAL DESCRIPTION:**

Date of Birth \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Color Eyes \_\_\_\_\_

Any Permanent physical marks? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, describe \_\_\_\_\_

Do you possess a current N.J. Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_

N.J. Driver License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Have you held a N.J. Driver License for the last four consecutive years?** Yes \_\_\_\_\_ No \_\_\_\_\_

If no, give residence address in state where you were previously licensed \_\_\_\_\_

NOTE: You must submit a certified abstract of your driving record if the state of licensure is other than New Jersey, and a copy of your Drivers License.

Has your driver license privilege ever been suspended or revoked in this or any other state?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give particulars \_\_\_\_\_

Name of Driving School \_\_\_\_\_

Address of Driving School \_\_\_\_\_  
(Street) (City) (State)

State your position with driving school. Owner \_\_\_\_\_ Partner \_\_\_\_\_ Officer \_\_\_\_\_ Employee \_\_\_\_\_

Have you ever applied for a Driving School Instructor License, or Driving School License in this or any other state?    Yes \_\_\_\_ No \_\_\_\_

Have you ever been denied a driver's license, a driving instructor license or a driving school license in this or any other state?

Yes \_\_\_\_ No \_\_\_\_ If yes, give particulars

Have you ever been convicted of inducing another to resort to fraud or fraudulent practices in relation to securing a license to drive a motor vehicle or motorcycle?    Yes \_\_\_\_ No \_\_\_\_

If yes, give particulars

Have you ever been arrested for, charged with, indicted for or convicted of any of the offenses enumerated in 13:23-2.12?    Yes \_\_\_\_ No \_\_\_\_ If yes, give particulars

CIVIL AND FEDERAL OFFENSE HISTORY (INCLUDING COURT MARTIAL)  
(RECORD ALL ARRESTS AND CONVICTIONS)

Date	Offense	Court Disposition	Penalty

I, THE UNDERSIGNED, DECLARE THAT I AM THE APPLICANT NAMED HEREIN, KNOW THE CONTENTS OF THIS APPLICATION, AND CERTIFY THE CONTENTS HEREIN TO BE TRUE.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

SCHOOL OWNER'S STATEMENT OF CONSENT

I am the owner, or partner or officer of the Driving School listed herein, and believing the information given herein is true, hereby endorse consent in the issuing of an instructor license to the applicant.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

Initial instructor applicants are required to submit to tests prescribed by the Chief Administrator to determine that they possess the minimum qualifications for licensing.

**"AUTHORIZED AGENT" APPLICATION - DRIVING SCHOOL**

Initial \_\_\_\_\_

DL Check \_\_\_\_\_

Renewal \_\_\_\_\_

Name (Print) \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Height \_\_\_\_\_

Weight \_\_\_\_\_ Color of Hair \_\_\_\_\_ Color of Eyes \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Expires \_\_\_\_\_

State of Licensure \_\_\_\_\_

Driving School by whom you are to be employed \_\_\_\_\_

Answer the following questions:

1. Have you ever been arrested for, charged with, indicted for or convicted of any of the offenses enumerated in 13:23-2.12? \_\_\_\_\_ If "yes" explain.

2. Have you ever had your driving privileges suspended or revoked in this or any other state? \_\_\_\_\_ If "yes" explain.

3. Have you ever been refused a drivers license in this or any other state? \_\_\_\_\_ If "yes" explain.

\_\_\_\_\_  
SIGNATURE OF APPLICANT\_\_\_\_\_  
DATE



The following is to be completed by Driving School Owner.

I hereby certify that the applicant here named is applying with my authorization, for approval to act as an "Authorized Agent" for the \_\_\_\_\_

\_\_\_\_\_ Driving School.

It is understood that the "Authorized Agent" shall be permitted to transport the school's students to a Driver Testing Center to take the driving test portion of the driver's examination or to purchase a permit.

\_\_\_\_\_  
SIGNATURE OF SCHOOL OWNER, PARTNER OR OFFICER

\_\_\_\_\_  
DATE:

### INSTRUCTIONS TO APPLICANT

This application must be accompanied by:

1. A certified abstract of your driving record from the Driver's Licensing State if other than New Jersey (initial and renewal), and a copy your Drivers License.
2. FEE. \$5.00 (one year period). Check or money order made payable to N.J. Motor Vehicle Commission or NJMVC Business License Compliance.

This application is to be submitted to Motor Vehicle Commission, Business License Services,  
P.O. Box 168, Trenton, New Jersey 08666-0168.



# **New Jersey Motor Vehicle Commission**



Trenton, New Jersey 08666

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**STATE OF NEW JERSEY**

Business License Services

P.O. Box 168

Trenton, New Jersey 08666-0168

**BUSINESS LICENSE SERVICES**

**CHECKLIST FOR INITIAL DRIVING SCHOOL INSTRUCTOR LICENSE**

APPLICANT'S NAME: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

- ( ) INITIAL INSTRUCTOR APPLICATION
- ( ) BUSINESS CHECK OR MONEY ORDER FOR INSTRUCTOR  
LICENSE (\$75.00) MADE PAYABLE TO: MOTOR VEHICLE  
COMMISSION.
- ( ) CHILD SUPPORT CERTIFICATION FORM
- ( ) SOCIAL SECURITY NUMBER
- ( ) COPY OF RECEIPT FOR FINGERPRINT SCANNING